Issuer Module Overview
(Submitting Data for Quality Improvement Strategy, Program Attestation, Accreditation, and Essential Community Providers/Network Adequacy)

February 20, 2020

2020 Qualified Health Plan (QHP) Series

HTTPS://WWW.REGTAP.INFO

This webinar is applicable to issuers in the Federally-facilitated Exchanges (FFEs), State Partnership Exchanges (SPEs) and Stand-alone Dental Plans (SADPs).

Agenda

- Session Guidelines
- Additional Webinar Sessions
- Announcements
- Issuer Module Overview
- Live Q&A Session
- Resources
- Closing Remarks

Session Guidelines

- This is a 60-minute session.
- This call is being recorded. The recording is not released to the public or posted in Registration for Technical Assistance Portal (REGTAP).
- This webinar will provide an opportunity for Center for Consumer Information and Insurance Oversight (CCIIO) Plan Management (PM) Subject Matter Experts (SMEs) to respond to questions from QHP issuers.
- For questions regarding content, contact the Centers for Medicare & Medicaid Services (CMS) Help Desk by email at: CMS_FEPS@cms.hhs.gov or by phone at: (855) 267-1515.
- For questions regarding logistics and registration, contact the Registrar at: (800) 257-9520.

Additional Webinar Sessions

All questions regarding Enrollment or External Data Gathering Environment (EDGE) Server can be addressed during the following webinar sessions:

Program Area	Day	Time (ET)
Enrollment	Mondays (Bi-weekly)	12:00 p.m. – 1:00 p.m.
EDGE Server	Tuesdays	11:30 a.m. – 1:00 p.m.

Please register if you wish to participate, even if you have registered for a previous series. For registration and additional information on CMS' webinar series, please log in to https://www.REGTAP.info.

Announcements

Issuer Module Overview

Introduction

The purpose of this presentation is to provide a high level overview of the **Issuer Module**.

- **Objectives**:
  - Refresh understanding of the Issuer Module and corresponding templates
- **Intended Audience**:
  - Experienced issuers using the Issuer Module from last year
  - New Issuers interested in a high level discussion of the Issuer Module

Plan Management Overview

There are five (5) FFE Plan Management and Market-wide data collection modules.

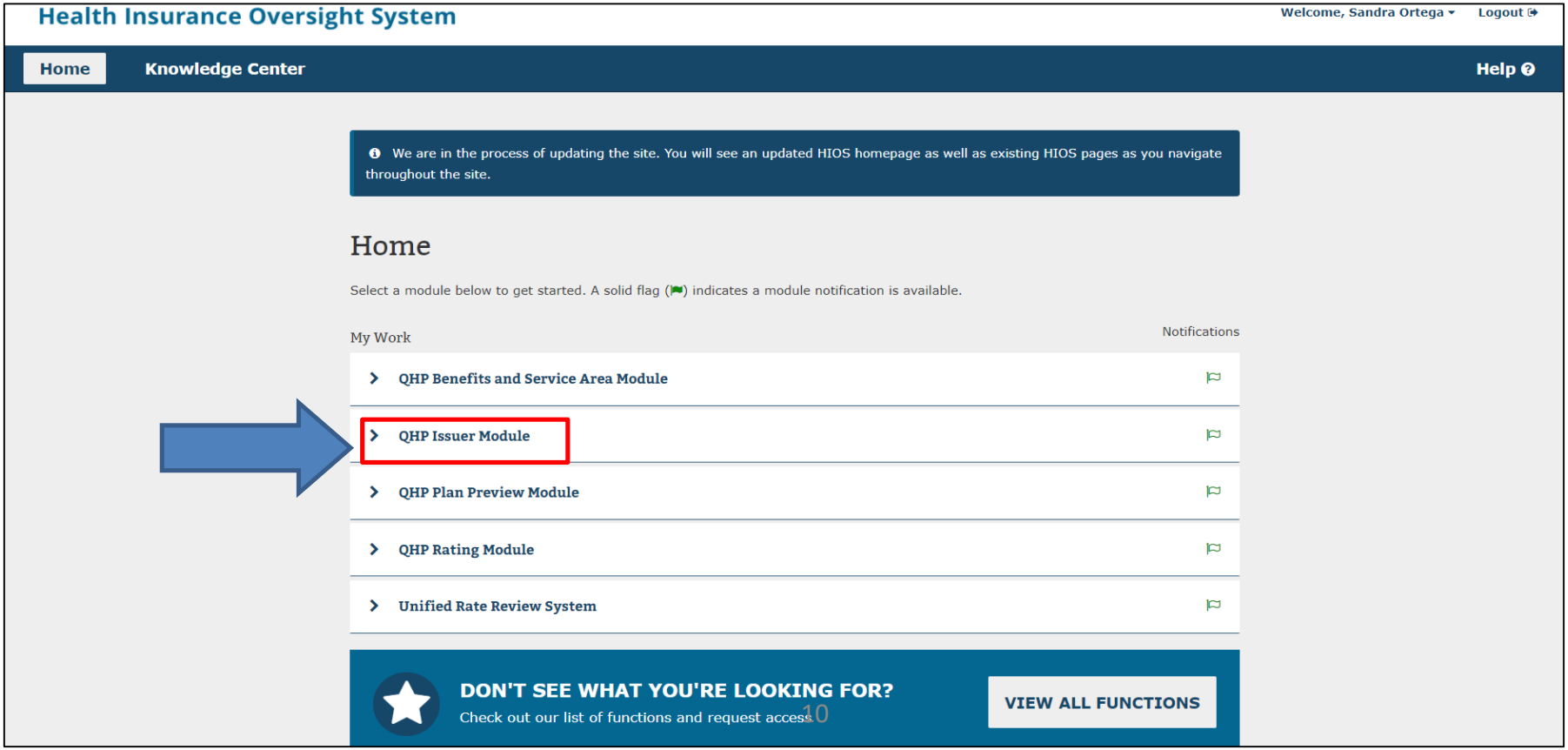
Issuer Module	Benefits & Service Area Module	Rating Module	Supplemental Submission Module	Unified Rate Review
Submit and validate data to support qualification of an issuer to offer QHPs on the Federally-Facilitated Exchange	Submit and validate plan-related data including Benefits, Service Areas, Provider Networks, and Prescription Drugs for issuers that wish to offer plans within the Exchange	Submit and validate Issuer business rules and rates table for each QHP to be offered on the Federally-Facilitated Exchange	Submit and validate Issuer URLs for each QHP to be offered on the Federally-Facilitated Exchange	Unified Rate Review filing information and supporting documents for Exchange and Non-Exchange plans are stored in an integrated location for Single Risk Pool rate evaluation and rate increase review

FFE Plan Management Modules

Market-wide Module

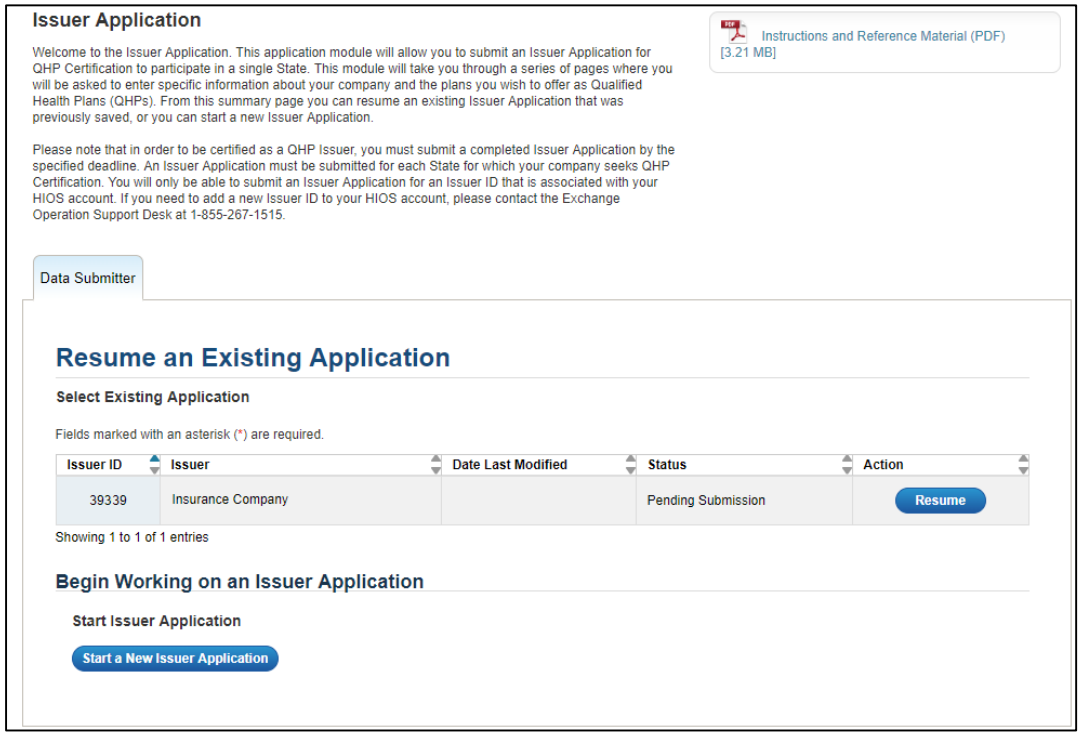
Plan Management Overview (continued)

The QHP Plan Management Modules can be accessed within Health Insurance Oversight System (HIOS).



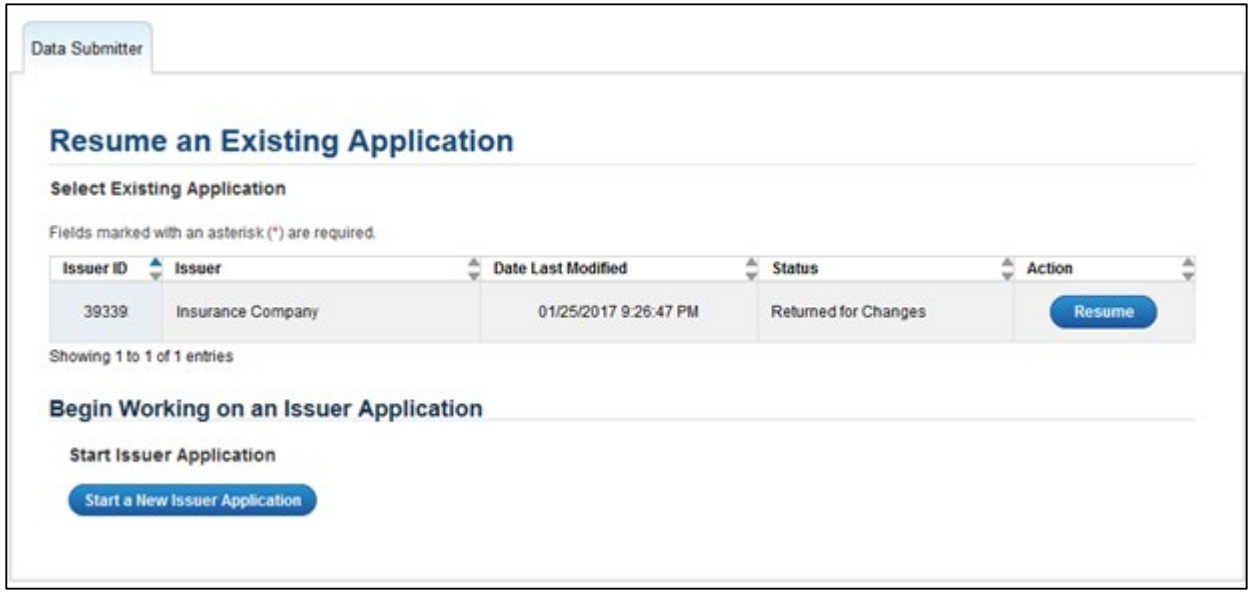
Issuer Module Overview

Issuers will begin the Issuer Module at the Summary page.



Issuer Module Overview (continued)

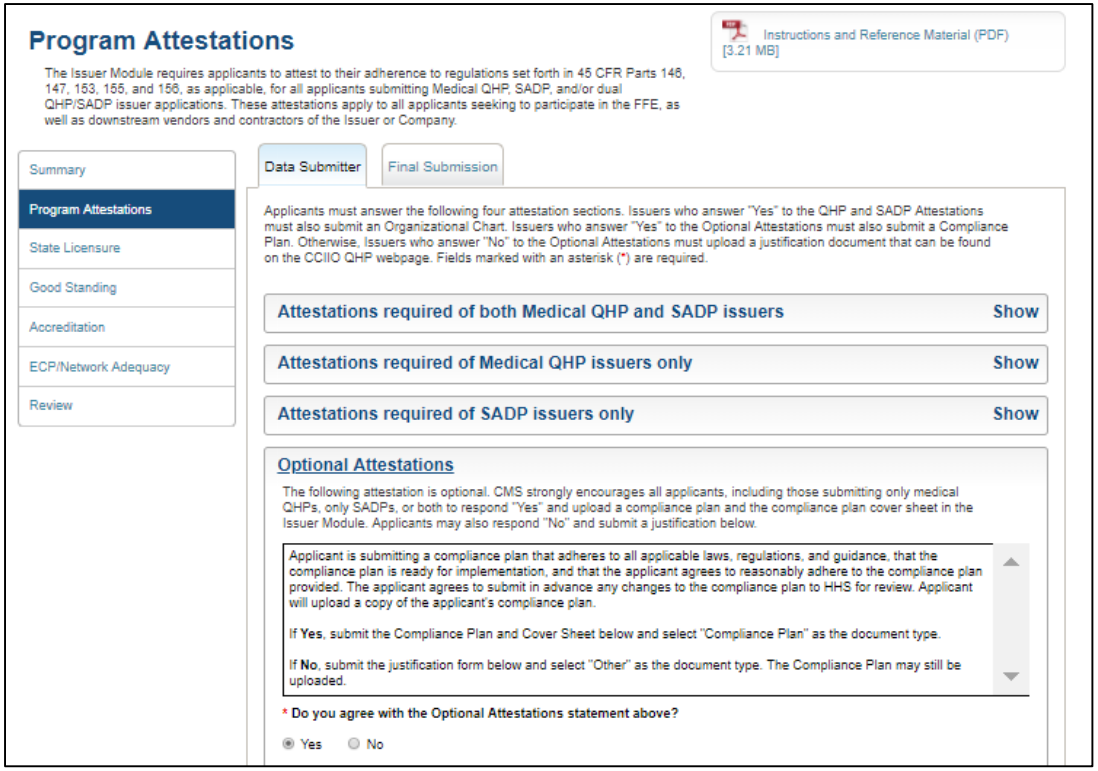
Issuers will select to either resume an existing application by selecting Resume or start a new application by selecting Start a New Issuer Application.



Using the Issuer Module: Data Submitter Tasks

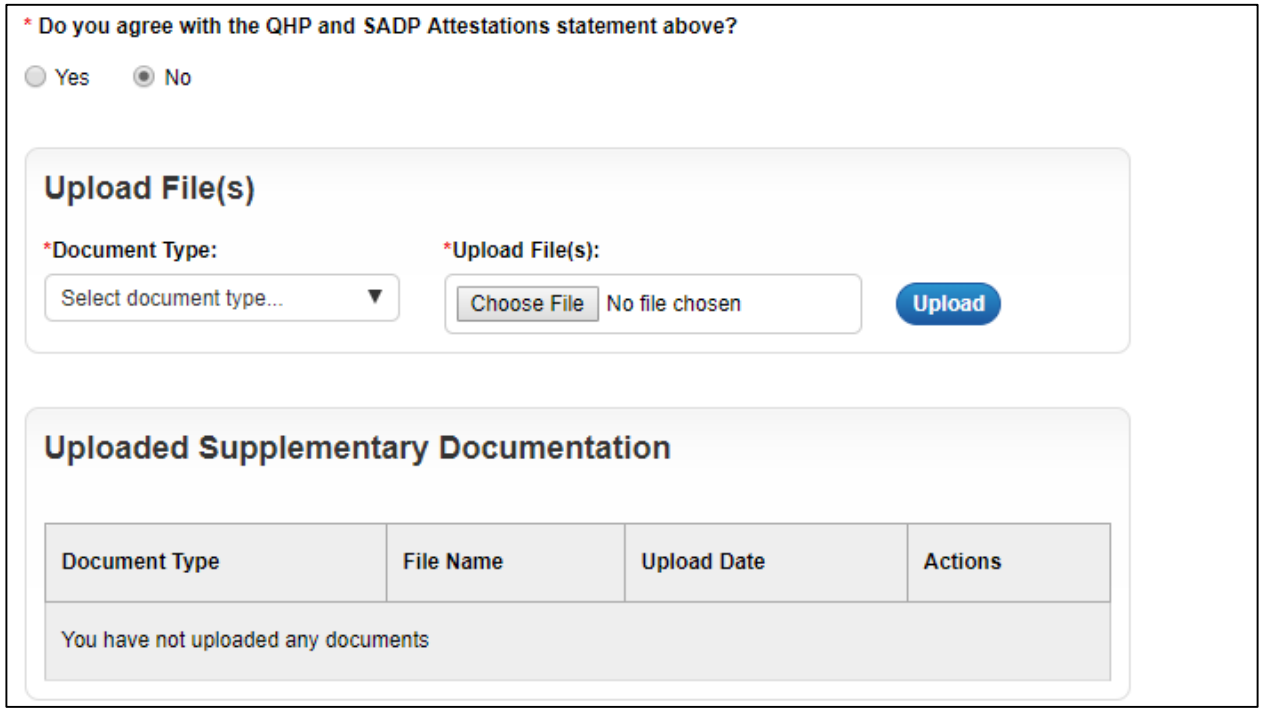
Data Submitter Tasks

After the Issuer Submitter makes a selection, as shown on the previous slide, the users will provide responses for each of the program attestations found in the Program Attestations section.



Data Submitter Tasks (continued)

Depending on attestation response, users may be required to upload supporting documentation.

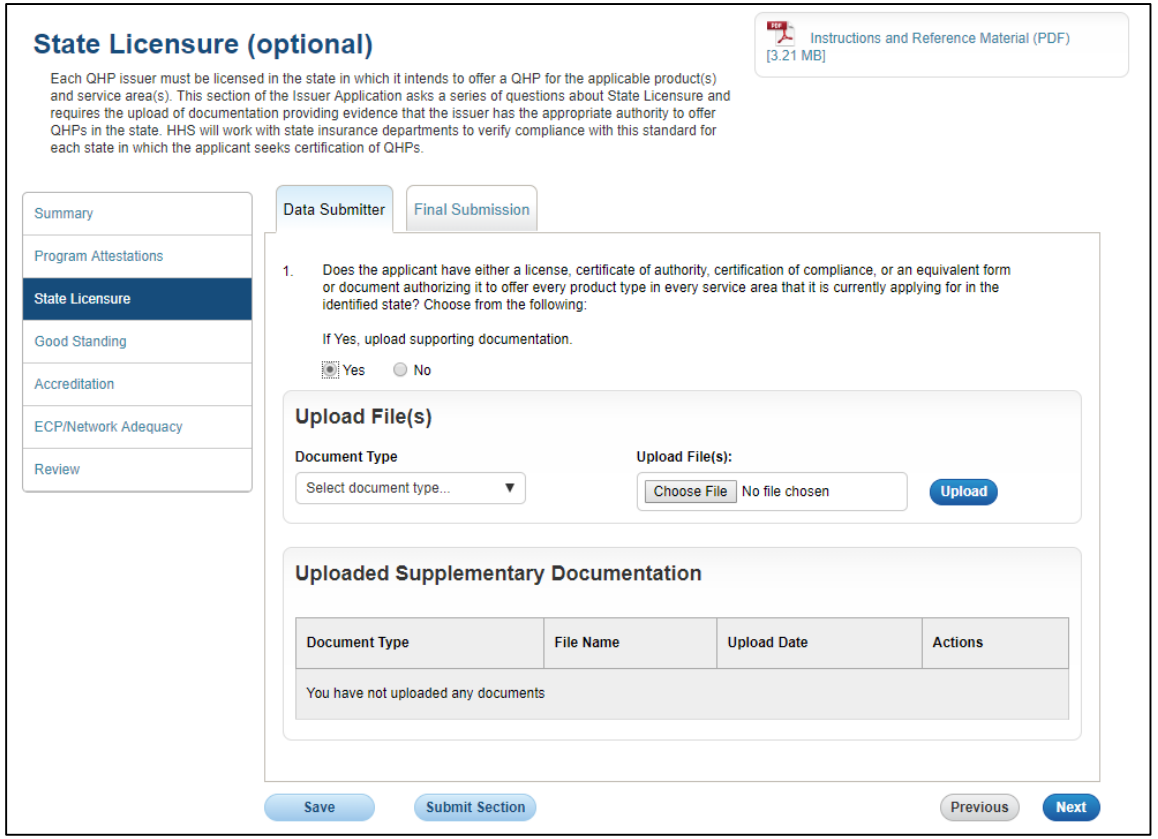


Data Submitter Tasks (continued)

Users will proceed to answer the State Licensure question. **This section is optional** and not required in order to submit the Issuer Module.

If a user selects **No**, a second question will appear. If a user selects **Yes**, users may provide one of the following:

- State License
- Certificate of Authority
- Equivalent document



Data Submitter Tasks (continued)

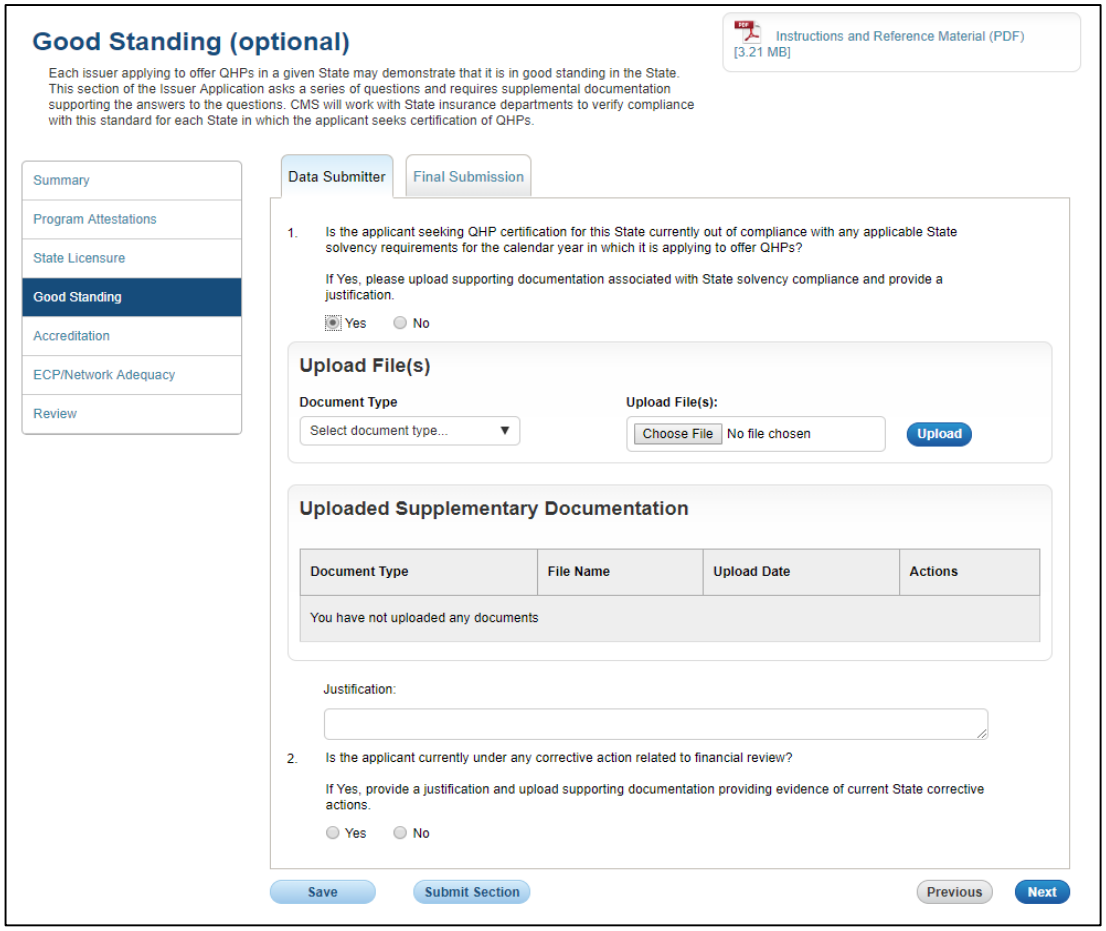
Users will proceed to answer the Good Standing questions. **This section is optional** and not required in order to submit the Issuer Module.

If a user selects **Yes** for the first question, users may enter a Justification and may provide one of the following:

- Solvency Compliance
- Equivalent document

If a user selects **Yes** for the second question, users may provide one of the following:

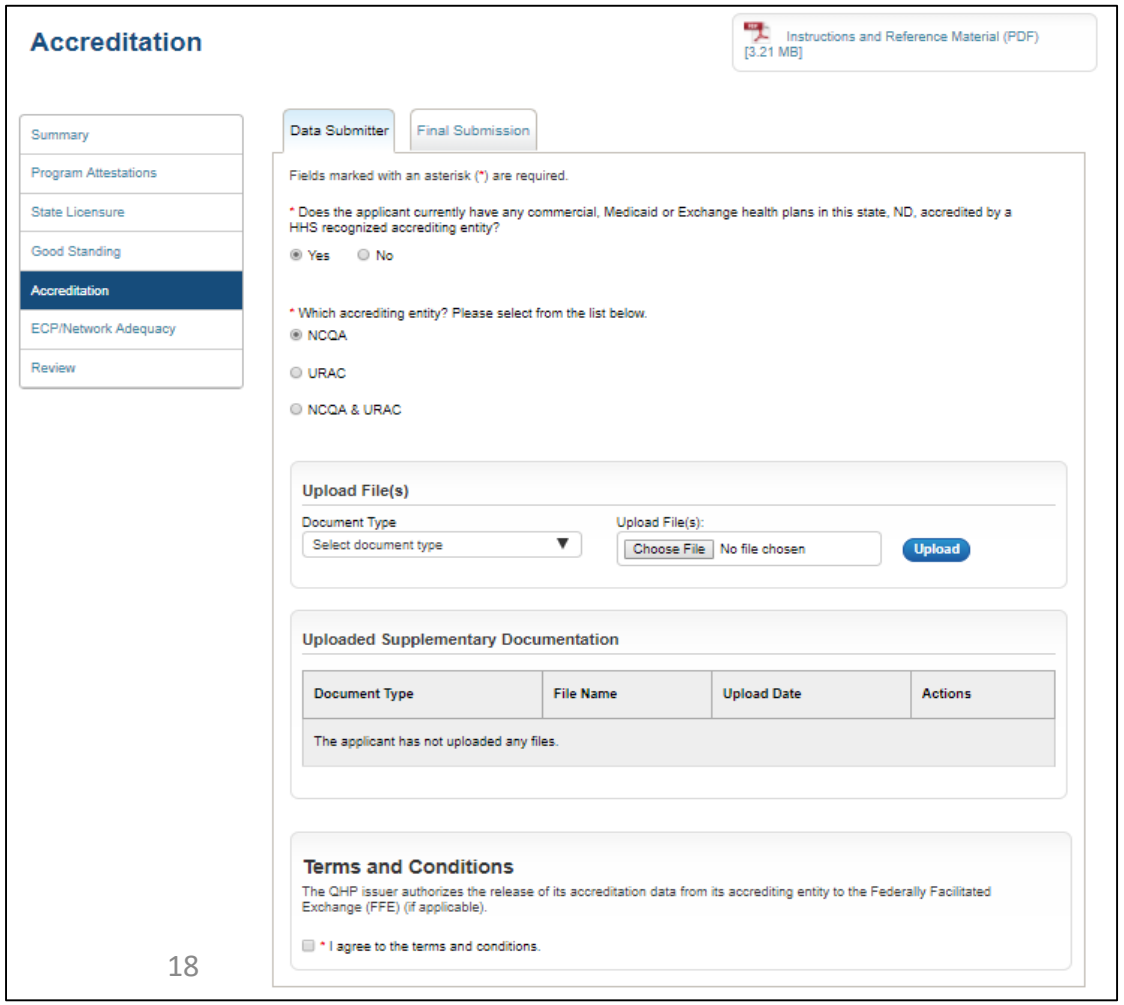
- Corrective Action
- Equivalent document



Data Submitter Tasks (continued)

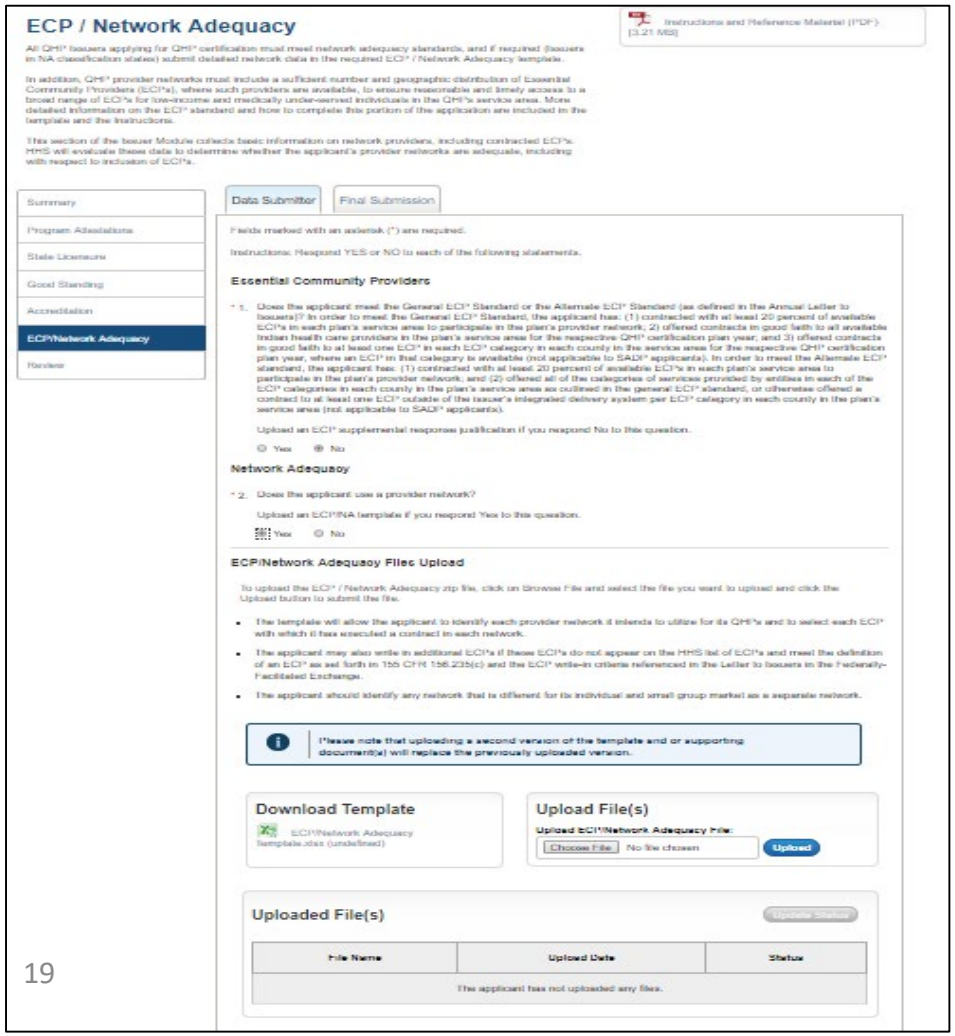
Users next must complete the Accreditation section and upload applicable supporting documents.

After answering the first question, users may provide supporting documentation and must agree to the Terms and Conditions. If the first question is answered **Yes**, the second question regarding the accrediting entity will appear.



Data Submitter Tasks (continued)

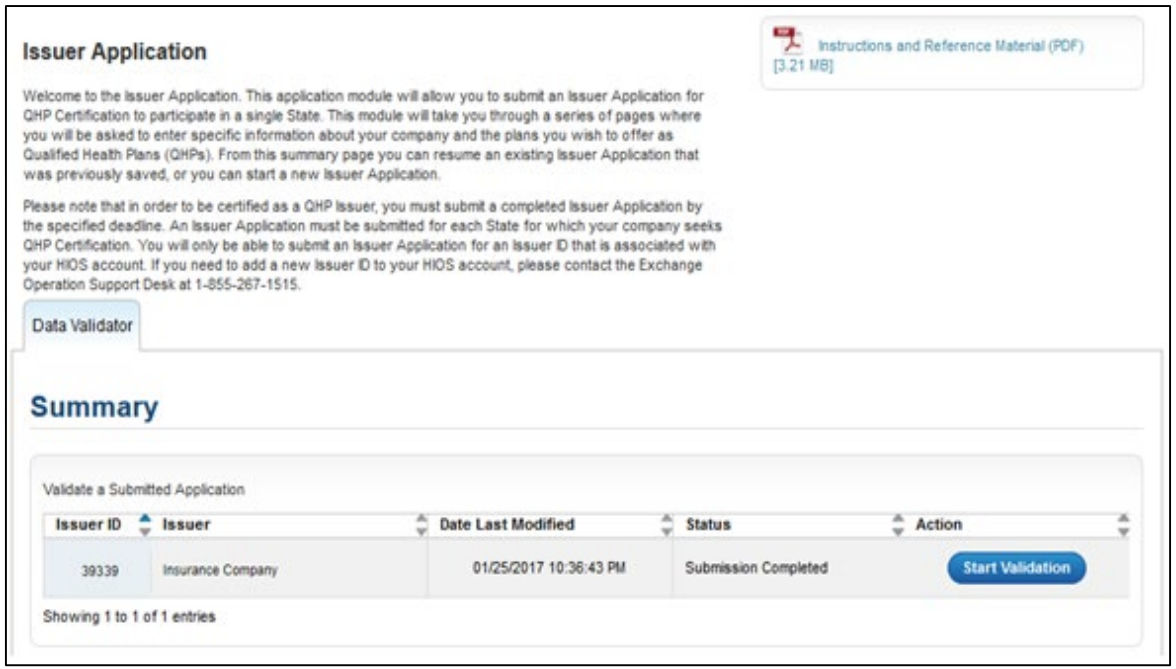
Users next must complete the Essential Community Provider (ECP)/Network Adequacy section. If a user selects **Yes** for question 2, an ECP/Network Adequacy zip file is required. Note the zip file must reach a validation status of 'Complete' before submitting the section or application.



Using the Issuer Module: Validator Tasks

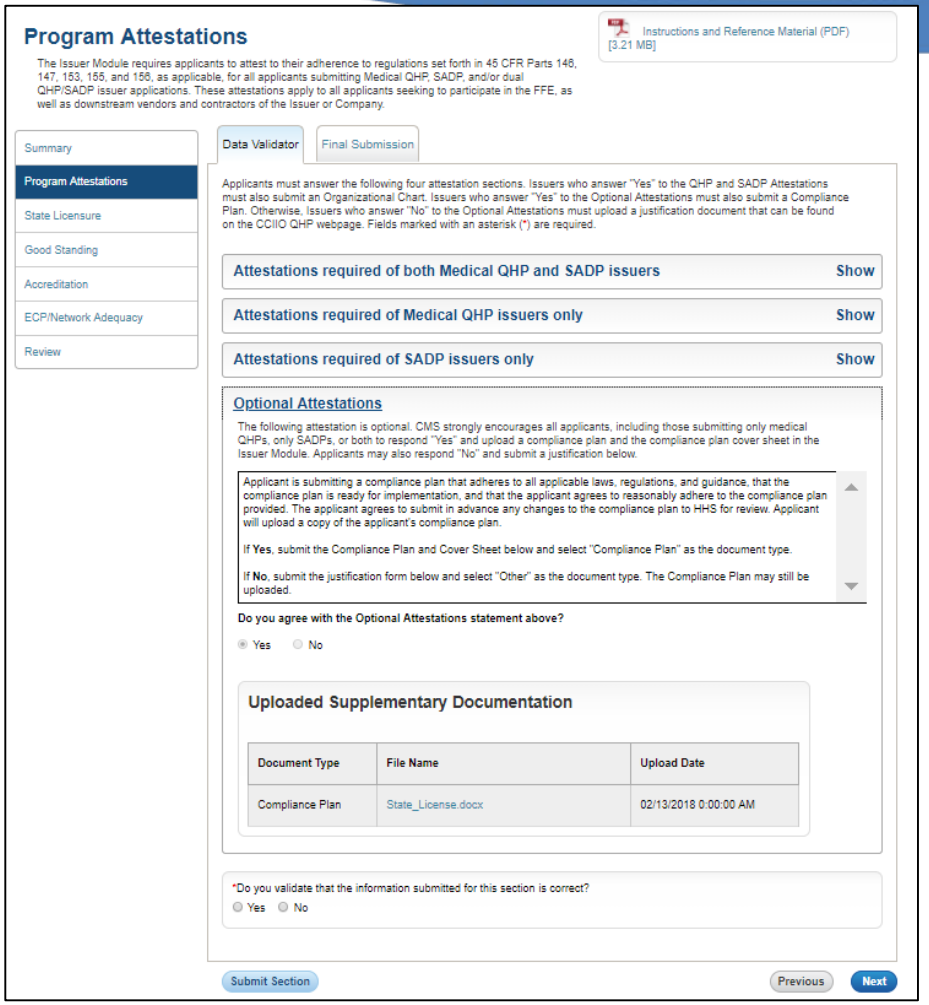
Data Validator Tasks

The Issuer Application Summary page lists all applications that have been submitted and to be validated by the user.



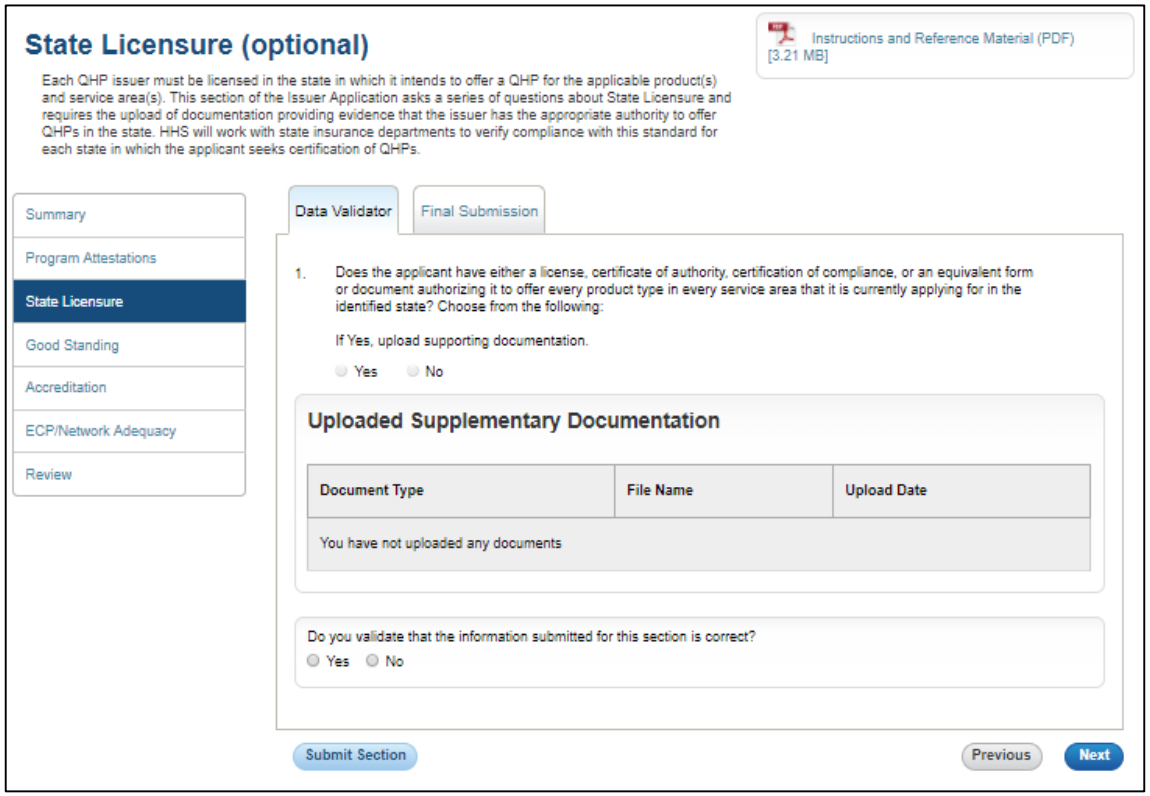
Data Validator Tasks (continued)

Validators will then need to review the Program Attestations and all provided documentation.



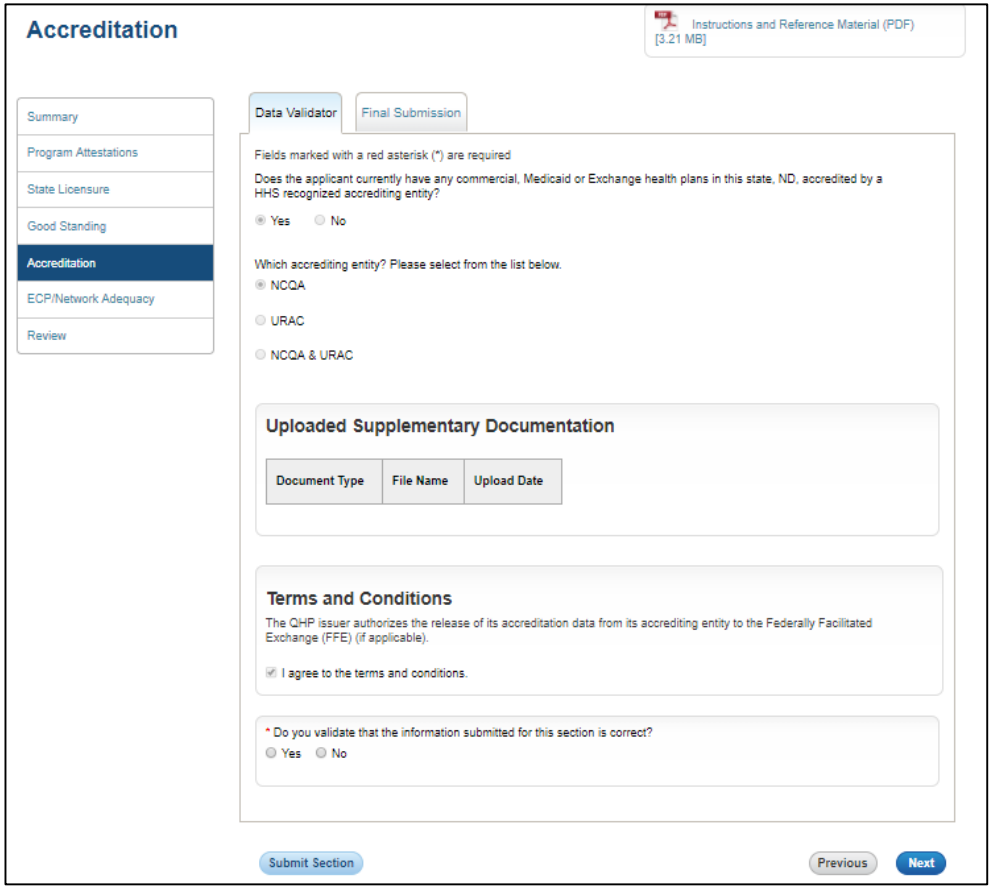
Data Validator Tasks (continued)

The State Licensure page allows validators to review any responses or supporting documentation that were provided by the submitter.



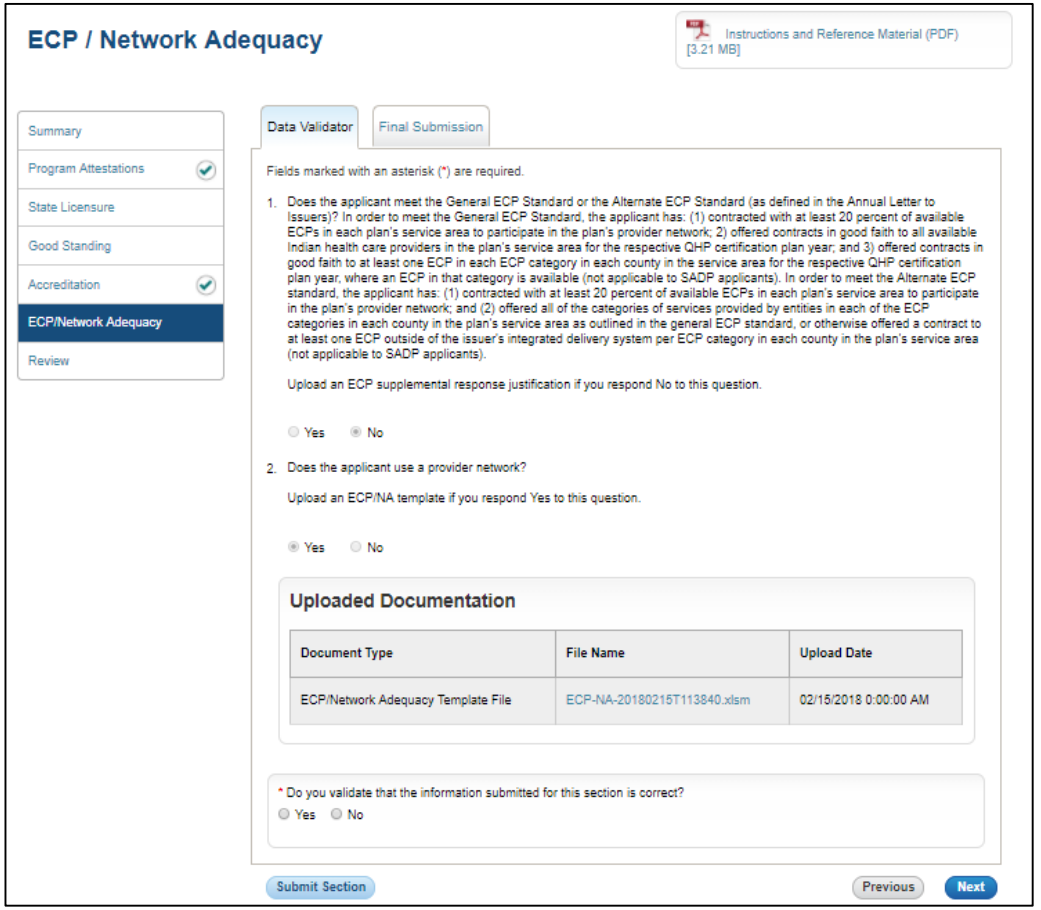
Data Validator Tasks (continued)

The Accreditation section allows validators to review the accreditation question responses and supporting documents provided by the submitter.



Data Validator Tasks (continued)

The ECP / Network Adequacy section allows validators to review any required templates or supporting documentation provided by the submitter.



System Requirements

The supported system requirements for the Modules are as follows:

Browser Requirements

- Internet Explorer 11
- Firefox 68.0

Excel Requirements

- Microsoft 2013
- Microsoft 2016
- Microsoft 2019

Tips and Updates

Program Attestations

Program Attestations Format

- Four-section attestations format remains the same:
  1. QHP and SADP Attestations
  2. Medical QHP-only Attestations
  3. SADP-only Attestations
  4. Optional Attestations
- Medical QHP-only should respond “Not Applicable (NA)” to the SADP-only program attestations.
- SADP-only issuers should respond “Not Applicable (NA)” to the Medical QHP-only program attestations.
- All issuers are encouraged to respond “Yes” to the optional compliance plan attestation and upload a completed Compliance Plan and Organizational Chart Cover Sheet.

Accreditation

Accreditation - General information

- Accreditation is a requirement for issuers in all Exchange types.
  - Issuers in SBE-FPs and State-based Exchanges (SBEs) should ask their respective state about state requirements for accreditation reviews.
- Does not apply to SADPs

Accreditation for New Issuers

- If an issuer is entering its initial year of QHP certification, it must schedule (or plan to schedule) a review with a recognized accrediting entity (i.e., AAAHC, NCQA, or URAC).
- An issuer is not required to be accredited in its initial year of QHP certification.

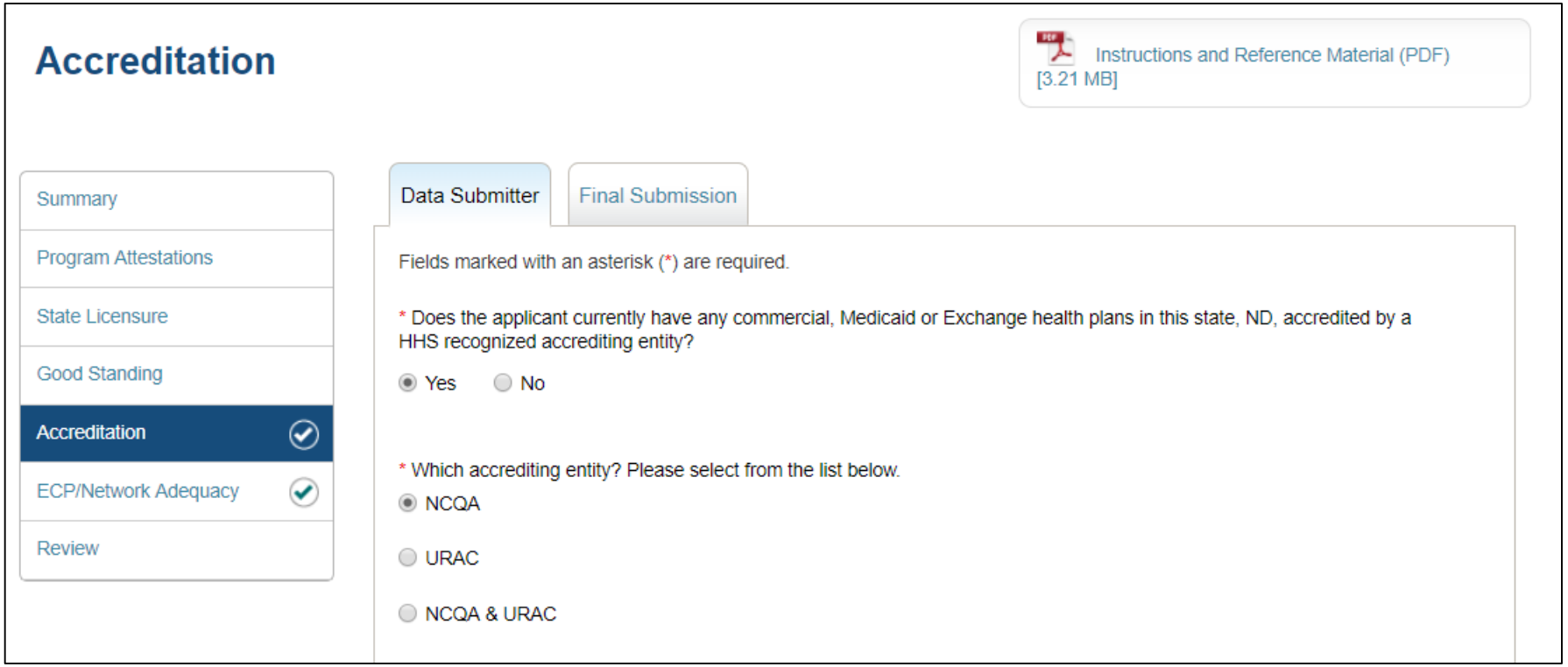
Accreditation for Second Year or later Issuers

- QHP issuers in their second or later year of certification must be accredited.
- CMS will consider issuers in their first, second or third year accredited with the following statuses:
  - AAAHC with “Accredited” status
  - NCQA with “Excellent,” “Commendable,” “Accredited,” “Provisional,” or “Interim” status
  - URAC with “Full,” “Provisional,” or “Conditional” status
- CMS will consider issuers in their fourth year accredited with the following statuses:
  - AAAHC with “Accredited” status
  - NCQA with Marketplace accreditation and “Excellent,” “Commendable,” “Accredited,” or “Provisional,” status
  - URAC with Marketplace accreditation and “Full” or “Conditional” status

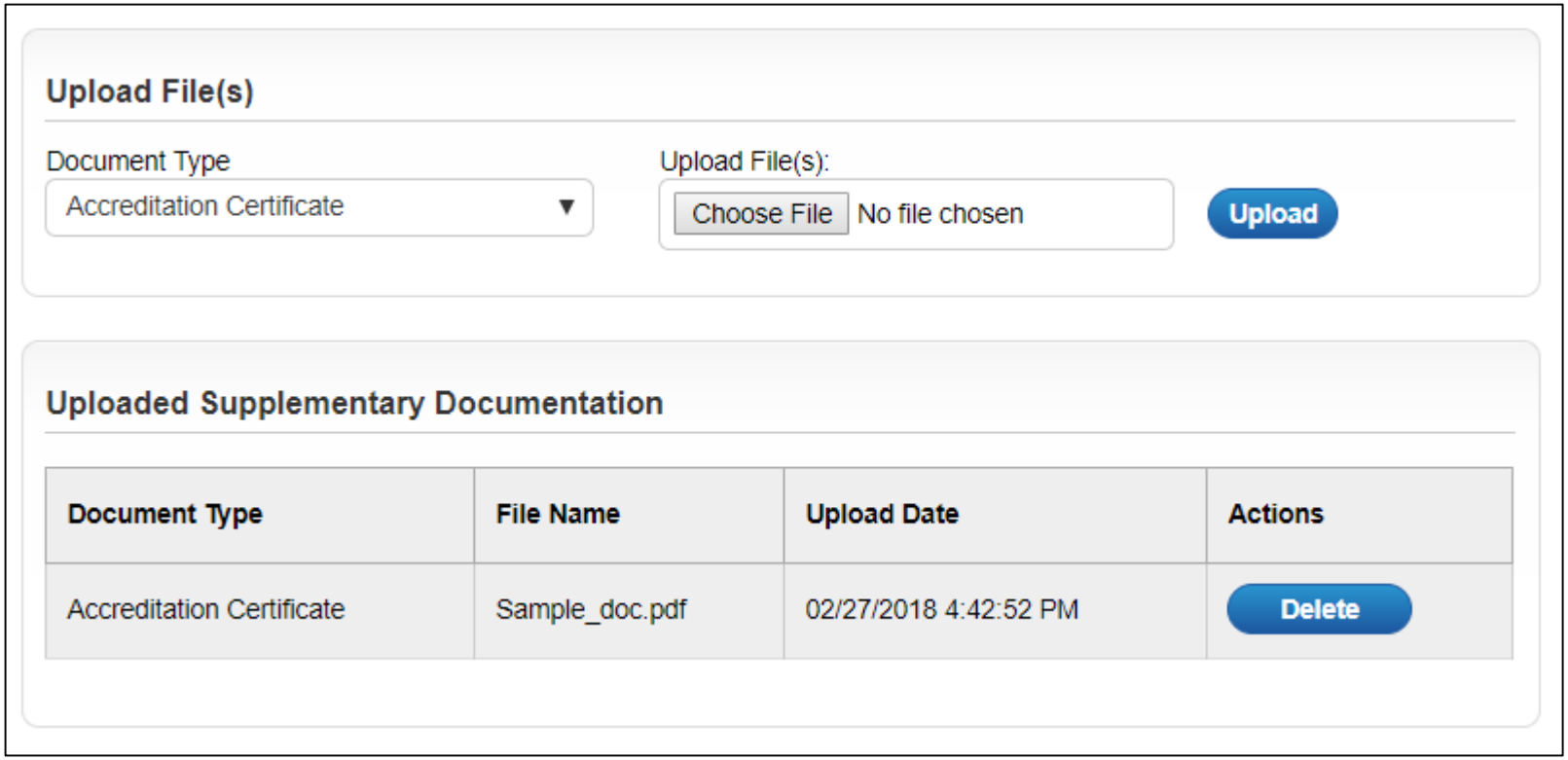
Accreditation Submission Requirements

- HIOS QHP Issuers must:
  - Identify that they are accredited
  - Identify their accrediting entities
- All Issuers must agree to release their accreditation information
  - HIOS Issuers agree in QHP Issuer Module
  - System for Electronic Rate and Form Filing (SERFF) Issuers agree as part of attestation document

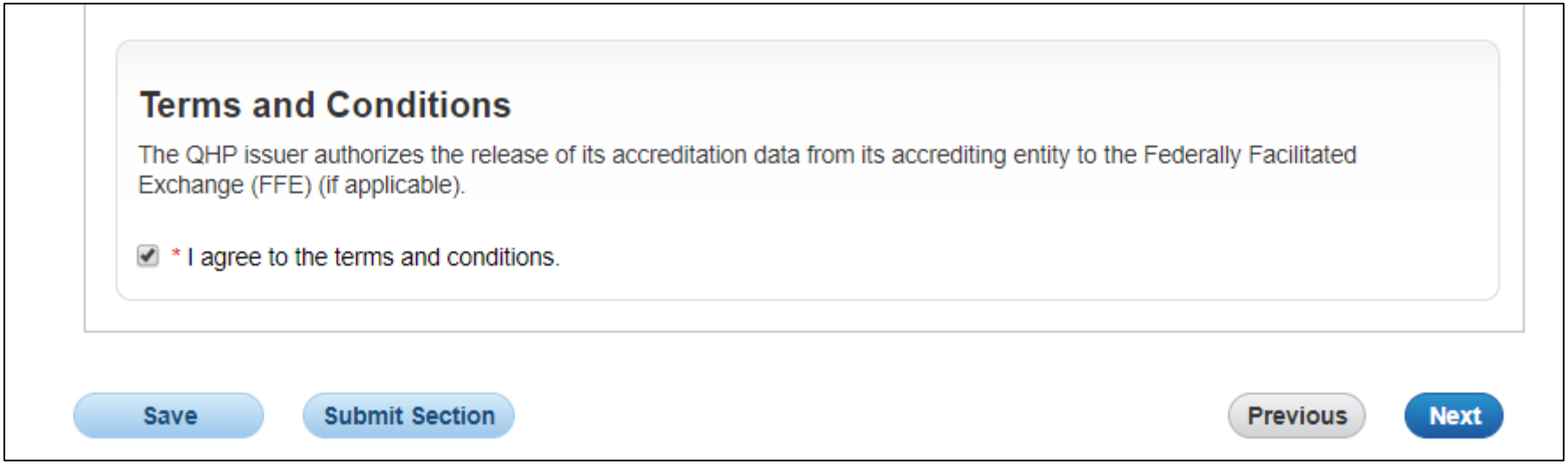
Data Submitter: Accreditation Page (Part 1)



Data Submitter: Accreditation Page (Part 2)



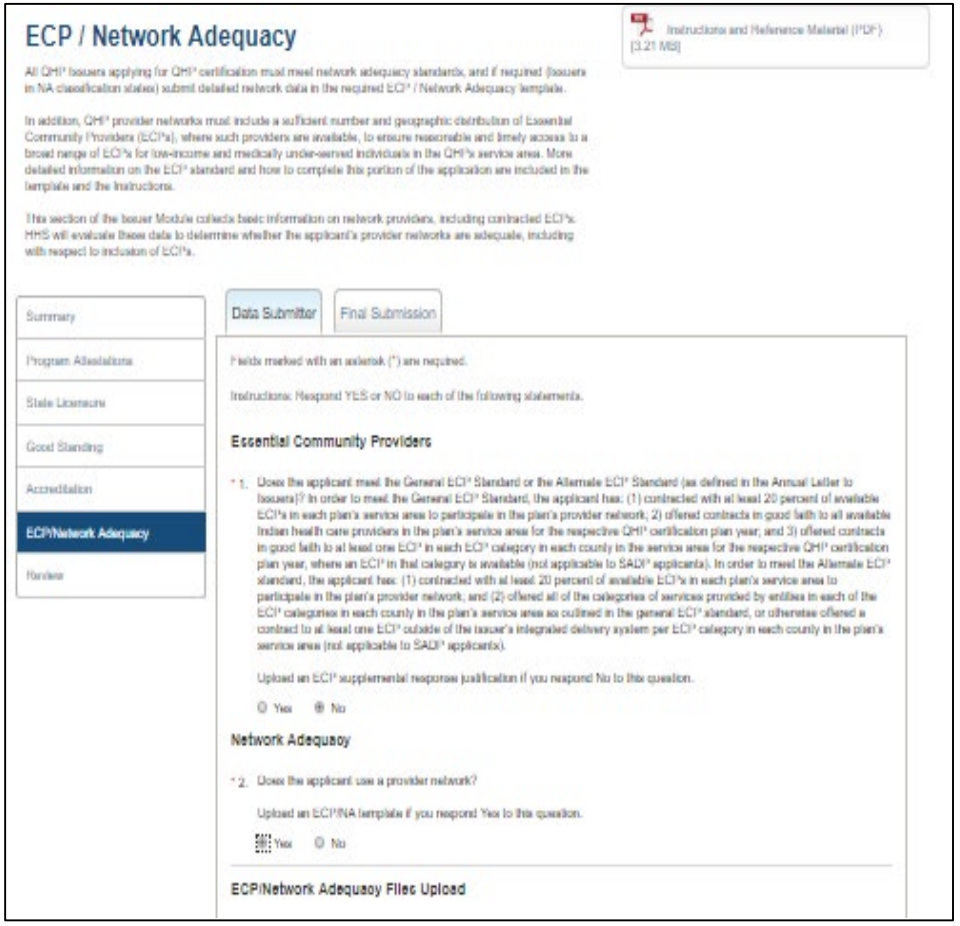
Data Submitter: Accreditation Page (Part 3)



ECP/Network Adequacy

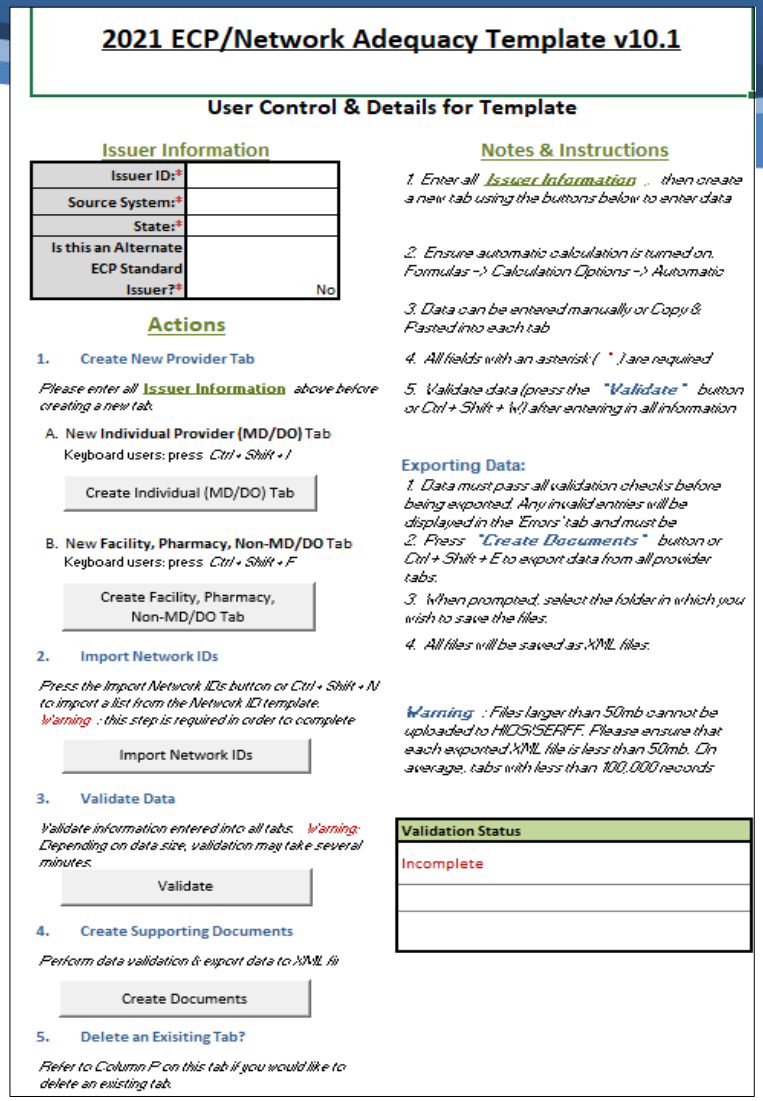
ECP/Network Adequacy Updates

- Applicants are required to respond to two (2) ECP/NA questions, to indicate whether the applicant meets the ECP standard in compliance with 45 CFR 156.235 and whether the applicant uses a provider network. Applicants using a provider network must also upload an ECP/NA template containing the issuer's contracted essential community providers.
- Applicants are not required to submit 'Network Adequacy Access Plan' due to CMS's determination that all states have a sufficient network adequacy review process for Plan Year (PY) 21.



ECP/NA Template Version 10.1

The ECP/Network Adequacy Template has been updated to Version 10.1 for PY21. The ECP/Network Adequacy Template gives users the ability to link each provider (ECP or Network Adequacy) with the network with which it is associated.



2021 ECP/Network Adequacy Template v10.1

User Control & Details for Template

Issuer Information

Issuer ID:*	
Source System:*	
State:*	
Is this an Alternate ECP Standard Issuer?*	No

Actions

1. Create New Provider Tab

Please enter all **Issuer Information** *above before creating a new tab.*

A. New **Individual Provider (MD/DO)** Tab
Keyboard users: press *Ctrl + Shift + I*

Create Individual (MD/DO) Tab

B. New **Facility, Pharmacy, Non-MD/DO** Tab
Keyboard users: press *Ctrl + Shift + F*

Create Facility, Pharmacy, Non-MD/DO Tab

2. Import Network IDs

Press the Import Network IDs button or Ctrl + Shift + N to import a list from the Network ID template.
Warning : this step is required in order to complete

Import Network IDs

3. Validate Data

Validate information entered into all tabs. Warning: Depending on data size, validation may take several minutes.

Validate

4. Create Supporting Documents

Perform data validation & export data to XML fil

Create Documents

5. Delete an Exisiting Tab?

Refer to Column P on this tab if you would like to delete an existing tab.

Notes & Instructions

1. Enter all **Issuer Information** *, then create a new tab using the buttons below to enter data*

2. Ensure automatic calculation is turned on. Formulas –> Calculation Options –> Automatic

3. Data can be entered manually or Copy & Pasted into each tab

*4. All fields with an asterisk (*) are required*

5. Validate data (press the "Validate" button or Ctrl + Shift + V) after entering in all information

Exporting Data:

1. Data must pass all validation checks before being exported. Any invalid entries will be displayed in the 'Errors' tab and must be
2. Press "Create Documents" button or Ctrl + Shift + E to export data from all provider tabs.
3. When prompted, select the folder in which you wish to save the files.
4. All files will be saved as XML files.

Warning : Files larger than 50mb cannot be uploaded to HIOS/SERFF. Please ensure that each exported XML file is less than 50mb. On average, tabs with less than 100,000 records

Validation Status
Incomplete

Quality Improvement Strategy (QIS) Issuer Training

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QIS Issuer Training Series Objectives

This training series is designed to familiarize issuers with how to comply with the FFEs' QIS implementation and reporting requirements.* At the conclusion of this training series, issuers will:

- Understand the QIS requirements and timeline,
- Understand what is new about the QIS Implementation Plan and Progress Report form (QIS form),
- Understand how to avoid common errors, and
- Understand the evaluation process.

* State-based Exchanges (SBEs), including SBEs on the Federal Platform (SBE-FPs), are encouraged to follow the same approach for QIS implementation, but have flexibility to establish their own reporting and evaluation standards. Issuers participating or applying to participate in SBEs (including SBE-FPs) should contact the applicable Exchange for details on any State-specific requirements.

QIS Requirements and Timeline

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QIS Requirements

The Patient Protection and Affordable Care Act (PPACA) (Section 1311(c)(1)(E)) directs QHP issuers to implement a QIS (as described in Section 1311(g)). A QIS is described as a payment structure that provides increased reimbursement or other market-based incentives for improving health outcomes of plan enrollees.

Issuers that meet the QIS participation criteria must:

- Implement and report on a QIS consistent with the standards described in the PPACA Section 1311(g)(1) (45 CFR 156.200(b)(5)); and
- Adhere to guidelines, including the *QIS Technical Guidance and User Guide for the 2021 Plan Year* (QIS Guidance), established by the U.S. Department of Health & Human Services (HHS) in consultation with experts in health care quality and stakeholders (45 CFR 156.1130).

For the 2021 Plan Year, a QIS must address at least one of five topic areas identified in the PPACA and must include a market-based incentive, among other requirements. The five (5) topic areas are:

- Improve health outcomes
- Prevent hospital readmissions
- Improve patient safety and reduce medical errors
- Implement wellness and health promotion activities
- Reduce health and health care disparities

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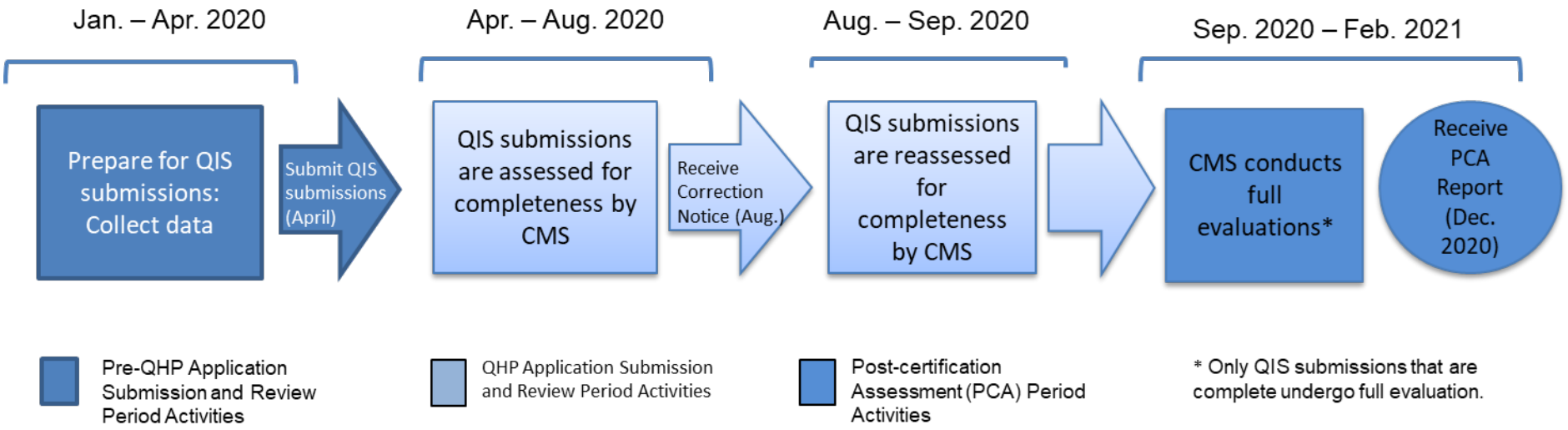
Key QIS Materials

QIS Documents

- **QIS form:** QIS data collection form that QHP issuers use to provide information on their quality improvement strategies. The form includes both the Implementation Plan section and the Progress Report section, and will be available on the Marketplace Quality Initiatives (MQI) website in the spring of 2020, prior to the start of the 2021 Plan Year QHP Application Period.
- **QIS Guidance:** Resource that includes two parts: 1) the Technical Guidance, which provides background information about QIS, as well as submission and timeline requirements; and 2) the User Guide, which provides directions to issuers offering coverage in an Exchange with step-by-step directions on how to access, complete, and submit a QIS Implementation Plan and Progress Report. Appendix D of the QIS Guidance also includes a checklist for completing the QIS form. The QIS Guidance will be available on the MQI website in the spring of 2020, prior to the start of the 2021 Plan Year QHP Application Period.
- **QIS Issuer List:** Includes issuers that meet the QIS participation criteria and that are required to submit at least one QIS form as part of their QHP applications to either: (a) implement a new QIS beginning no later than January of the plan year, or (b) provide a progress update on an existing QIS. The QIS Issuer List includes issuers operating in FFEs and FFEs where States perform plan management. At this time, issuers operating in SBEs are not included on the list. The Issuer List will be available on the MQI website and the QHP Certification website.
  - **New for the 2021 Plan Year**, CMS plans to post a draft version of the QIS Issuer List to give issuers an opportunity to communicate any discrepancies prior to publication of the final list. FFE issuers, including FFEs where States perform plan management, will be informed when the draft QIS Issuer List is posted and will be asked to review the list to verify their information and communicate any discrepancies to CMS by emailing CMS_FEPS@cms.hhs.gov and putting “QIS Issuer List” in the subject line.

QIS Timeline for the 2021 Plan Year



All dates are estimated based on the *2021 Draft Letter to Issuers in the Federally-facilitated Exchanges*, published January 31, 2020.

Distinction between Plan Year and Calendar Year: The 12-month period of benefits coverage starting on January 1 of each year is called a plan year. Issuers apply for QHP Certification in the calendar year prior to the start of the plan year. For example, the 2021 QHP Application Period occurs in the 2020 Calendar Year.

QIS Participation Criteria

Activities

- Issuers that offered their first two years of coverage through the Exchange in 2018 and 2019 are required to submit a QIS Implementation Plan for the 2021 Plan Year.
- Issuers that submitted a QIS form for the 2020 Plan Year are required to submit Progress Reports for the 2021 Plan Year.

Enrollment

- Issuers must submit at least one QIS if they had more than 500 enrollees within a product type per state as of July 1, 2019.
- Issuers that change product types will continue to meet the minimum enrollment threshold when: (a) an issuer crosswalks enrollees from the old product type to a different one, and (b) still has at least 500 enrollees in the new product type.

Plan Type

- Issuers offering family and/or adult-only medical coverage through an Individual Exchange or the Small Business Health Options Program (SHOP) are required to submit a QIS.
- Issuers offering SADPs and child-only plans through the Exchange are not subject to the QIS reporting requirements for the 2021 Plan Year.

Issuers should refer to Section 5.1 of the QIS Guidance for more information regarding participation criteria.

QIS Submission Minimum Requirements

- Issuers should consult the 2021 QIS Issuer List to determine if they are required to submit a QIS.
  - CMS will post a draft QIS Issuer List to allow issuers to communicate any discrepancies prior to finalization of the list. Issuers communicate any discrepancies to CMS by emailing CMS_FEPS@cms.hhs.gov and putting "QIS Issuer List" in the subject line.
- Issuers that had 500 enrollees within a product type per State on July 1 of the prior year meet the minimum enrollment threshold. Issuers that change product types will continue to meet the minimum enrollment threshold when (a) an issuer crosswalks enrollees from the old product type to a different one, and (b) still has at least 500 enrollees in the new product type. Issuers that meet these requirements will be required to submit a QIS that covers all QHPs within that product type.
- Issuers will not be required to continue progress reporting if their product type(s) no longer meet the minimum enrollment threshold (500 enrollees) prior to the third consecutive year of progress reporting.

Implementation Plan Submitted in Plan Year	First Two Plan Years of Progress Reporting	Minimum Enrollment Reassessed Prior to Plan Year	Progress Reporting Plan Years if Minimum Enrollment Threshold Met
2018	2019 and 2020	2021	2021 and 2022
2019	2020 and 2021	2022	2022 and 2023
2020	2021 and 2022	2023	2023 and 2024

Issuers should refer to Section 5.2.1 of the QIS Guidance for more information regarding the minimum enrollment threshold for progress reporting.

QIS Submission Requirements for the 2021 Plan Year

- Issuers submitting a QIS Implementation Plan or a Progress Report for the 2021 Plan Year as part of their QHP Application during the 2021 QHP Application Period must use the 2021 QIS form, which will be available on the MQI website.*
- At this time, issuers will not be penalized for failure to meet their performance targets. However, each issuer should strive to achieve progress toward meeting the goals and corresponding performance targets specified in its QIS.
- Additional details on the QIS submission requirements and timeline for the 2021 Plan Year can be found in the QIS Guidance, which will be available on the MQI website.

*Issuers that reported progress for two (2) years and no longer meet the minimum enrollment threshold are not required to continue progress reporting.

Understanding the QIS Form

QIS Form

- The QIS form includes sections for both the Implementation Plan and the Progress Report.
- Issuers that submitted an **Implementation Plan or Progress Report** for the 2020 Plan Year and are applying for QHP Certification in the FFEs for the 2021 Plan Year must submit all required sections of the QIS form as part of their 2020 QHP Applications.
  - Issuers submitting a Progress Report for the first or second time should transfer the **data from Parts A-E of their 2020 QIS form** to complete parts A-E of their 2021 QIS form (Implementation Plan sections). The form has been updated, so issuers should note changes between the 2020 QIS form and the 2021 QIS form.
  - Issuers submitting a Progress Report for the first or second time should also complete Parts F and G of the QIS form, as required, providing an update on their QIS **since their last QIS submission**.

Steps for Completing the QIS Form

Step 1: Review the *QIS Technical Guidance and User Guide for the 2021 Plan Year*	Step 2: Access and complete required sections of the QIS form	Step 3: Submit completed QIS form
The Technical Guidance section includes comprehensive background information about the QIS requirements.	The QIS form is a fillable PDF document that is only available electronically. Issuers may not request hard copies by mail.	FFE issuers will upload the form through the HIOS website, along with their other QHP Application materials, to transmit it to the applicable FFE(s) for evaluation.
The User Guide section includes step-by-step instructions for how to comply with the QIS requirements for the 2021 Plan Year.	Issuers should not include any identifying information in their responses to the elements and criteria other than in Part B, Issuer Information.	FFEs where States perform plan management activities will submit their QIS forms through the SERFF for joint review by the State and FFE.
Issuers that meet the QIS participation criteria and are applying for QHP Certification in the FFEs for the 2021 Plan Year should consult the QIS Implementation Plan and Progress Report Form Pre-Submission Checklist (Appendix D) prior to submitting the QIS form.	To view and save the form, issuers need to download and install Adobe Acrobat Reader®, a free electronic file reader that is available online. Before completing the form, issuers must enable JavaScript®. No supplemental documentation will be accepted.	Issuers that operate in SBEs and SBE-FPs should consult their States for information on how to submit their QIS forms for evaluation by the SBE and any other State-specific requirements.
	Issuers required to address potential concerns with their 2020 QIS submissions, as identified in their 2020 PCA Reports, should do so in their 2021 QIS submissions.	

Changing a QIS?

If an issuer chooses to change its QIS, it must determine if the changes warrant "modifying" a QIS, "discontinuing" a QIS, or if they are changes that are considered minor. Use the resource below to determine which type of QIS submission is required.

Continuing a QIS with No Modifications	Continuing a QIS with Modifications	Implementing a New QIS After Discontinuing a QIS
▪ Update Issuer Information, ▪ Update Current Payment Model(s) Description, ▪ Update Data Sources, and/or ▪ Update other information not listed in the following columns.	▪ Change QIS goals, ▪ Change QIS activities, ▪ Change QIS measures, ▪ Change performance targets, and/or ▪ Change product types.	▪ Change QIS market-based incentive sub-type, ▪ Change QIS topic area, and/or ▪ The QIS results in negative outcomes or unintended consequences.

Issuers should refer to Section 5.3.2 of the QIS Guidance for more information regarding changing a QIS.

Overview of Minor Changes to the QIS Form for 2021 Plan Year

Element/Criteria	2021 Plan Year Revision
Throughout the QIS Form	▪ Minor clarifications to wording ▪ Minor formatting fixes
Criteria 24 and 29: (Measures - Baseline Assessment and Follow-up Results)	▪ Throughout Elements 24 and 29, in all criteria related to Baseline Assessment measures, added additional instruction to issuers that the numerator and denominator should calculate to the rate provided to further help issuers understand how to complete these criteria.
Element 30 (Summary of Progress)	▪ Separated the fields out into three (3) separate criteria to aid issuers in understanding the different areas they should address in their summary of progress

Updated for the 2021 Plan Year: Element 24 and Element 29 for Criteria Related to Baseline and Follow-Up Measure Data

24c. Baseline Assessment: Provide the baseline results by calculating the rate and providing the associated numerator and denominator, if applicable. (Note: The numerator and denominator should calculate to the rate provided.)

Calculated Rate: [ ]

Numerator: [ ]

Denominator: [ ]

If the Measure is not a rate, but another data point, enter the number in the space provided.

Data Point: [ ]

29c. Measure 1a Name: [ ]

29d. Restate the baseline results from Criterion 24c of Measure 1a of your prior year's QIS submission, including the rate and associated numerator and denominator, if applicable. (Note: The numerator and denominator should calculate to the rate provided.)

Calculated Rate: [ ]

Numerator: [ ]

Denominator: [ ]

If the measure is not a rate, but another data point, enter the number in the space provided.

Data Point: [ ]

For all references to Baseline and Follow-up measure data in Elements 24 and 29, added additional instruction to issuers that the numerator and denominator should calculate to the rate provided to further help issuers understand how to complete these criteria

Updated for the 2021 Plan Year: Element 30 (Summary of Progress)

30. Summary of Progress (Must Pass)

30a. Indicate why progress was or was not made toward the Performance Target(s) documented in Element 24 of your prior year's QIS submission. Include a description of activities that led to the outcome.

30b. If the issuer selected **"Continuing a QIS with Modifications"** in Element 1, indicate whether the information provided above affects the decision to modify the QIS.

- OR -

If the issuer selected **"Discontinuing a QIS Submitted During a Prior QHP Application Period"** in Element 1, provide the rationale for discontinuing the QIS.

30c. If the issuer received an **"Interim Meets"** determination during the previous Post-certification Assessment (PCA) Period and was instructed to address in their 2021 Plan Year submission, please indicate which elements and/or criteria you updated based on PCA Notices and describe the changes.

(3,000 character limit)

Broke the fields out into three (3) separate criteria to aid issuers in understanding the different areas they should address in their summary of progress

Avoiding Common Errors

Tips to Avoid Common Errors: Completing the QIS Form

- If the goal(s) were modified, include the modified goals in Element 19 of the Implementation Plan and describe the modifications in Part F, QIS Modification Summary: Criterion 27a.

- Issuers submitting a continued QIS submission (with or without modifications) for the 2021 QHP Application Period must list the QIS initiation/start date as 01/2020 or earlier. Issuers submitting a new QIS Implementation Plan for the 2021 QHP Application Period must list the QIS initiation/start date as 01/2021 or earlier.

Tips to Avoid Common Errors: Completing the QIS Form (continued)

- Data in the Implementation Plan should be prospective and address what will be in place as of January 1 of the upcoming year. The strategy may have begun in the past and if there are not modifications for the upcoming year, then it should look the same as it has in past years. However, if there are modifications made to the QIS for the upcoming year, they should be reflected in the Implementation Plan and then identified in Element 27.

- The data in the Progress Report is retrospective. Issuers should report on progress made during the most recent reporting period (as defined by the strategy).

Tips to Avoid Common Errors: Baseline Data

24c. Baseline Assessment: Provide the baseline results by calculating the rate and providing the associated numerator and denominator, if applicable. (Note: The numerator and denominator should calculate to the rate provided.)

Calculated Rate: ☐

Numerator: ☐

Denominator: ☐

If the Measure is not a rate, but another data point, enter the number in the space provided.

Data Point: ☐

Baseline data is the initial collection of data that serves as a basis for comparison with the subsequently acquired data. For QIS, issuers should use the data from their initial QIS Implementation Plan if they have not modified their measures. Baseline assessment results should measure an issuer's performance before implementation of the QIS.

Tips to Avoid Common Errors: Baseline Data (continued)

29c. Measure 1a Name: [ ]

29d. Restate the baseline results from Criterion 24c of Measure 1a of your prior year's QIS submission, including the rate and associated numerator and denominator, if applicable. (Note: The numerator and denominator should calculate to the rate provided.)

Calculated Rate: [ ]

Numerator: [ ]

Denominator: [ ]

If the measure is not a rate, but another data point, enter the number in the space provided.

Data Point: [ ]

If an issuer is continuing a QIS with no modifications, the baseline assessment results reported in Element 24 of the Implementation Plan (Goal(s), Measure(s), and Performance Target(s) to Monitor QIS Progress) should remain constant from what the issuer reported in Element 24 of its prior year's QIS submission, and should match the baseline assessment results reported in Element 29 of the Progress Report (Analyze Progress Using Baseline Data, as Documented in the Implementation Plan) in the current QIS submission.

Tips to Avoid Common Errors: Baseline Data (continued)

27c. **QIS Measures or Associated Performance Targets:** Which Measures or Associated Performance Targets, if any, are modified from the prior year's QIS submission? Select all that apply.

☐ Measure 1a ☐ Measure 1b ☐ Measure 2a ☐ Measure 2b

Describe and provide a rationale for Modifications to Measures or Associated Performance Targets (*500 character limit)*

If an issuer is continuing a QIS with modifications and is modifying its measures, the baseline assessment results reported in Element 24 of the Implementation Plan should reflect the modified measures that will be in place for the upcoming calendar year. The baseline assessment results reported in Element 29 of the Progress Report should match the results reported in Element 24 of the prior year's Implementation Plan. When there are modifications to the measures, the baseline assessment results in Elements 24 and 29 of the current QIS submission will likely not match.

Tips to Avoid Common Errors: Updating Data

Due to the timing and availability of certain measure data (e.g. HEDIS measure rates), issuers may not have all the final data needed to complete their QIS submissions by the first QHP submission deadline. Issuers may submit their QIS with preliminary data in the measure fields and an explanation in the optional field at the end of the form. The issuers may then finalize their submission with updated data and resubmit before the final QHP submission window. This will ensure submissions pass an initial completeness check for these criteria and avoid unnecessary deficiency notices, while allowing for issuers to update their submissions with final HEDIS rates when available.

QIS Evaluation Process

Completeness Assessments

- QIS submissions that are received during the QHP Application Period will be assessed for completeness. Both the Implementation Plan and Progress Report sections (as applicable) of the form will be assessed for completeness.
  - Issuers whose submissions contain blank fields or are missing information will receive Correction Notices, and must correct and resubmit their QIS forms during the subsequent review period.
  - Issuers that did not submit at least one QIS form as required will also receive Correction Notices.
    - First, issuers should verify if they are required to make a QIS submission using the QIS Issuer List. If the issuer is included on the QIS Issuer List, it must submit a QIS during the submission window.
  - Issuers whose submissions are assessed as complete will not receive Correction Notices.

Correction Notices for Completeness Assessments

- Correction Notices will specify any QIS form elements and criteria that were left blank or are missing information.
- The issuer should address the identified deficiencies by providing additional information as directed by the Correction Notice.
- The issuer should not make any changes to its response(s) for elements and/or criteria that were not specifically identified in the Correction Notice.
- The issuer will resubmit its QIS submissions using the same system (HIOS or SERFF) to which it submitted its original QHP Application.

Full Evaluations, Post-Certification Assessment Notices, and Issue Resolution

Evaluation Component	Description
Full Evaluations to Determine Whether QIS Meets Requirements	▪ Full evaluations of QIS submissions by the FFEs will take place during the PCA Period, which takes place from September 2020–February 2021. ▪ An overall outcome of "Meets," "Interim Meets," or "Does Not Meet" will be assigned to each issuer's QIS submission(s). ▪ Issuers will not receive actual numerical scores (e.g., point values, percentages). ▪ Issuers that are not required to submit Progress Reports for the 2021 Plan Year will not be scored on Parts F or G.
PCA Notices	▪ Issuers will be notified about potential concerns with their QIS submissions via PCA Notices, which are sent by email. ○ PCA Notices will only be sent to issuers about which CMS has potential concerns. ○ Issuers that have an overall outcome of "Meets" will not receive a PCA Notice email. ▪ State regulators will be notified in advance regarding potential concerns identified for issuers in each regulator's State.
Issue Resolution	▪ Issuers will be asked to investigate any concerns identified during the PCA review and respond per the instructions in their PCA Notices.

Resources

Resource	Link
Marketplace Service Desk (reference "Marketplace Quality Initiatives")	CMS_FEPS@cms.hhs.gov or 1-855-CMS-1515 (1-855-267-1515)
CMS MQI website	http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/ Health-Insurance-Marketplace-Quality-Initiatives.html
QHP Certification Website	http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/qhp.html
Draft 2021 Letter to Issuers and Proposed Notice of Benefit and Payment Parameters for 2021	https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/
REGTAP (keyword search "QIS")	https://REGTAP.info
Alternative Payment Model Framework Final White Paper	http://hcp-lan.org/workproducts/apm-refresh-whitepaper-final.pdf
Measuring Progress: Adoption of Alternative Payment Models in Commercial, Medicare Advantage, and State Medicaid Programs	https://hcp-lan.org/groups/apm-fpt/apm-report/

Open Q&A Session

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Questions?

- To Submit or Withdraw Questions by Phone:
  - *If you are listening through your computer speakers and want to submit a question by phone, dial* 1-866-391-5945 and enter your unique six-digit PIN, then dial *"star(*) pound(#)" on your phone's keypad.*
  - *If you are already dialed in by phone and want to submit a question, then dial "star(*) pound(#)" on your phone's keypad.*
  - *If you would like to withdraw a question and you are dialed in by phone, then dial "star(*) pound(#)" on your phone's keypad.*
- To submit questions by webinar:
  - *Type your question in the text box under the "Q&A" tab and click "Send."*

Submission of Inquiries

Users/Issuers can contact:

- **CMS Help Desk** with questions about specific situations, the Federal Templates and their functionality and Health Insurance Oversight System (HIOS)
  - **Call: 855-CMS-1515**
  - **Email:** CMS_FEPS@cms.hhs.gov
- **National Association of Insurance Commissioners (NAIC)** with questions about state requirements/System for Electronic Rate and Form Filing (SERFF)
  - **Email:** serffplanmgmt@naic.org

Best Practices- Submitting Help Desk Tickets

- Include HIOS ID, issuer state and issuer legal name.
- Include screenshots or attach templates when asking about an error or issue with the template.
- Submit separate Help Desk requests for different, unrelated questions.
- Put the question in the body of the email; do not attach Excel or Word documents with lists of questions.
- Identify or note whether a question is for the Small Business Health Options Program (SHOP) or Individual Exchange.

HIOS User Group Conference Call

- HIOS User Group Conference Call occurs every Wednesday from 2:00 p.m. to 3:30 p.m. Eastern Time (US & Canada) (GMT-05:00)
- Call Access: 1-888-455-8828; Passcode: 6714482

Plan Management Webinar Dates

The QHP February Webinar sessions occur on Thursdays as shown below:

Date	Day	Time (ET)	Topic
02/27/20	Thursday	1:00 p.m. – 2:00 p.m.	SADP QHP Certification

Please refer to the Weekly QHP E-flyer for updated Webinar topics.

Resources for QHP Plan Maintenance and Certification

Resource	Resource Link
CMS Regulations and Guidance	https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html
Qualified Health Plan (QHP) Application Materials	https://www.qhpcertification.cms.gov/s/Application%20Materials
QHP Application Review Tools	https://www.qhpcertification.cms.gov/s/Review%20Tools
Registration for Technical Assistance Portal (REGTAP)	https://www.REGTAP.info
Health Insurance Oversight System (HIOS)	https://portal.cms.gov/wps/portal/unauthportal/home/
System for Electronic Rate and Form Filing (SERFF)	https://login.serff.com/

Commonly Used Acronyms

Acronym	Definition
AV	Actuarial Value
BHP	Basic Health Program
ECP	Essential Community Provider
EHB	Essential Health Benefit
EIDM	Enterprise Identity Management
FFE	Federally-facilitated Exchange
HIOS	Health Insurance Oversight System

Commonly Used Acronyms (Continued)

Acronym	Definition
MSP	Multi-State Plans
NAIC	National Association of Insurance Commissioners
NCQA	National Committee for Quality Assurance
QHP	Qualified Health Plan
SBE	State-based Exchange
SERFF	System for Electronic Rate and Form Filing
USP	United States Pharmacopeia

Closing Remarks

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